

ADOPTED BY WASHINGTON STATE BOARD OF HEALTH ADOPTION SEPTEMBER 13, 2000

Recommended Critical Health Services for Washington State Residents

Topic, Target Population, & Service Type

Earlier versions of this document were presented for review to the Washington State Board of Health and staff in July and August 2000. Based on feedback, final revisions were made, with adoption of the following menu of critical health services occurring in September 2000.

Context:

The Proposed Standards for Public Health in Washington State include a section focused on Access to Critical Health Services. The intention of this section of the Standards is to ensure that information is collected about a set of critical health services for purposes of monitoring, assessment of performance, identification of opportunities for improvement, and community mobilization efforts to ensure access to services and to address needs. In order to carry out the Standards, it is first necessary to define a set of critical health services, which will become the platform for assessment and action. The following menu of critical health services has been adopted by the Washington State Board of Health and will serve as this set.

This menu is meant to be periodically reviewed and updated, as new evidence and information becomes available. The perspective of this work is population-based. However, need for and access to any of the proposed services is determined by the individual patient / consumer circumstance - considering age, gender, risk factors, specific diagnoses, clinical appropriateness, and medical necessity

Key Source Documents:

Two sources provided the primary guidance for inclusion of items in this menu:

1. Healthy People 2010, U.S. Department of Health and Human Services, January 2000
2. United States Preventive Services Task Force, Guide to Clinical Preventive Services, 2nd edition, 1996.

Contents:

- **Adopted Menu of Critical Health Service Items** (as of September 13, 2000). Services are named by clinical or health topic in the left column. Other columns indicate whether the service is targeted for the general population and/or a sub-population with specific risk factors, and the type of service - whether screening/testing/assessment; counseling/education/support; or intervention.
- **Threshold Requirements and Criteria:** This is a summary of considerations and criteria that have been applied in the selecting services to be included in the menu.

KEY for “Target Population”: C = Children T = Teens/Adolescents A = Adults (Non-Senior) S = Adults > 65 W = Women M = Men
HR = At High Risk D = Diagnosed GP = General Population

[.....Service Type.....]

Category & Service Item	Target Population	Screening / Testing	Counseling/ Education/ Support	Intervention	Infrastructure	Policy
<i>General Access to Health Services</i>						
Ongoing Primary Care	GP	✓	✓	✓	✓	✓
Emergency Medical Services & Care	GP	✓	✓	✓	✓	✓
Consultative Specialty Care	GP; D; HR	✓	✓	✓	✓	✓
Home Care Services	GP	✓	✓	✓	✓	✓
Long-Term Care	S; HR	✓	✓	✓	✓	✓
<i>Health Risk Behaviors</i>						
Tobacco Use	T; HR; GP		✓	✓		✓
Dietary Behaviors	HR; GP		✓			
Injury & Violence Prevention (Bike Safety, Motor Vehicle Safety, Firearm Safety, Poison Prevention, Abuse Prevention, etc.)	HR; GP		✓	✓		✓
Physical Activity & Fitness	GP		✓	✓		
Responsible Sexual Behavior	T; A; HR		✓	✓		✓
<i>Communicable & Infectious Diseases</i>						
Immunizations for Vaccine Preventable Diseases	C; T; S; HR		✓	✓	✓	✓
Sexually Transmitted Diseases	T; A; HR	✓	✓	✓	✓	
HIV/AIDS	T; A; HR	✓	✓	✓	✓	✓
Tuberculosis	GP; HR	✓	✓	✓	✓	
Other Communicable Diseases (i.e. Meningococcal & Hepatitis C)	GP; HR; D	✓	✓	✓	✓	

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[.....Service Type.....]

Category & Service Item	Target Population	Screening / Testing	Counseling/ Education/ Support	Intervention	Infrastructure	Policy
<i>Pregnancy and Maternal, Infant, & Child Health / Development</i>						
Family Planning	T; W; A	✓	✓	✓		✓
Prenatal Care	T; W; HR	✓	✓	✓		
Women, Infants, & Children (Nutritional) Services	C; W; HR		✓	✓		✓
Newborn & Early Childhood Services	C; HR	✓	✓	✓	✓	
Well Child Care	C; T	✓	✓	✓		
<i>Behavioral Health & Mental Health</i>						
Substance Abuse Prevention & Treatment Services	T; A; HR	✓	✓	✓		✓
Depression	GP	✓	✓	✓		
Suicide / Crisis Intervention	T; A; HR	✓	✓	✓		
Other Serious Mental Illnesses / Disorders	HR	✓	✓	✓		✓
<i>Cancer Services</i>						
Cancer-Specific Screening (i.e. Breast, Cervical, and Colo-rectal Cancers) & Surveillance	A; S; HR	✓	✓		✓	
Specialty Cancer Treatment	A; S; HR		✓	✓	✓	

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[illegible]

Threshold Requirements & Criteria

Threshold Requirement (See Footnote 1 below.) <i>All services must meet this requirement for inclusion on the menu of critical health services.</i>	
Community Health Status Benefit	The provision and availability of this service is thought to have a predictable and demonstrated benefit to the health status of the community-at-large . Or the absence of this service is thought to result in detriment to the health status of the community-at-large.
Criteria <i>Scoring against these criteria is more relative than absolute. However, services included on the menu strongly met most of these criteria.</i>	
Degree of Impact	This service addresses a health issue whose impact or potential impact on the population is known to be great - either in terms of relative prevalence / incidence, or in terms of degree of risk for the community-at-large for events or conditions that occur less frequently.
National Agreement on Priority	Key national research, standard-setting and policy-making bodies consider this service important and relatively high priority .
Strength of Evidence	There is strong evidence through national or state research and/or evaluation of the service's safety, effectiveness, and/or cost-effectiveness. (See Footnote 2 below.)
Agreement Likelihood (vs. Divisiveness)	This service would be (more likely than not) agreed-upon by policy-makers, providers, and the public as important and necessary.
Measurement Considerations <i>The following should be considered as measurement planning for Access to Critical Health Services proceeds.</i>	
1. Practical feasibility of measurement given current realities. 2. Existence of a nationally defined, tested and accepted measure or indicator associated with this service.	

Footnote 1: The potential for social and economic burden, if the service would be absent, was also considered as a threshold requirement. It was found not to be a discriminatory; all potential service met the requirement.

Footnote 2: There is agreement that cost-effectiveness evaluation of services should be considered in prioritization & resource distribution decisions, as an adjunct to evidence on effectiveness. Yet, methods of such analyses are not standardized & vary widely. Evidence on cost-effectiveness is therefore limited & likely not comparable across different studies and/or services. (Reference: American Journal of Preventive Medicine 2000; 19(1); pp 15-23; and Guide to Clinical Preventive Services; Second Edition; pp.lxxxv - xcii.)